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ABSTRACT

This guide to the Child Development Specialist (CDS) Program of the Oregon public schools is intended for districts considering the establishment of CDS programs of their own. Suggestions for establishing a program are drawn from experiences of primary-grade pilot projects in six Oregon school districts. The essence of the CDS Program is prevention, to identify and meet early developmental needs before the child is burdened by problems. The key to the program is the child development specialist who works as a member of the school district staff. The guide consists of two sections: planning the CDS program, and implementing it. The planning section considers basic issues: identifying the population to be served, developing statements of philosophy and objectives, staffing the program, involving other agencies and organizations, and establishing a budget. The implementing section discusses staff orientation and training, assessment of student strengths and needs, selection and implementation of classroom activities, and involvement of parents and community. Each topic is illustrated by experiences of the pilot projects, details of which are summarized in appended tables. (Author/BF)

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OREGON DEPARTMENT
OF EDUCATION
PROMISING PRACTICES
INVENTORY

CHILD DEVELOPMENT SPECIALIST PROGRAM

VERNE A. DUNCAN
STATE SUPERINTENDENT
OF PUBLIC INSTRUCTIO'

AN ADOPTER'S GUIDE
1976

PS 009126

CHILD DEVELOPMENT
SPECIALIST
PROGRAM

The 1973 Oregon Legislative Assembly established a Child Development Specialist Program for children in the public schools, with priority given to those at the primary level, including kindergarten.

The legislature (ORS 343-125) appropriated funds to the Oregon Department of Education to establish the CDS program. The bulk of these funds has been used to support CDS pilot projects at six school districts: Bend, Hermiston, North Bend, Portland (Area II), Roseburg, and Salem. Additional projects have been established at McMinnville, Eagle Point, and Portland (Area III).

This adopter's guide is intended for districts considering a CDS program of their own. Suggestions for establishing a program are drawn from the experiences of the pilot projects.

The Child Development Specialist Program is included in the Promising Practices Inventory of the Oregon Department of Education. A brief description of this program was included in the December 1975 issue of the Edu-Gram and provided the names and addresses of the Child Development Specialist as "Consulting Educators" to assist school districts that wish to explore or implement the CDS concept.

Comments about the CDS program and about this guide will be of interest to the Department and of help to others who prepare adopter's guides. Readers are asked to fill out and return the questionnaire that appears as the last sheet of the guide. Specific questions related to the Child Development Specialist Program should be directed to Claude Morgan, Specialist, Child Development Services, 378-4765.

Verne A. Duncan
State Superintendent of
Public Instruction

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Oregon Department of Education

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INTRODUCTION

A CHILD DESERVES TO GROW

The goal of schooling is more than learning to read with comprehension, write legibly and compute accurately. The goal is to help children know themselves and their environment in a more positive way.

Schools strive to recognize individual differences; children with learning disabilities and other problems are identified and steps are taken to correct the problems. The essence of the Child Development Specialist Program is prevention--identifying and meeting early developmental needs before the child is burdened by emotional, intellectual, social and physical problems.

Schools are encouraged to develop the "whole child"--to help children in the early grades begin to prepare to the best of their ability to assume six roles in life: learner, individual, producer, citizen, consumer, and family member. These life roles are the statewide goals for elementary-secondary education adopted by the State Board of Education.

To function effectively in these roles, children will need to develop cognitive strengths--to acquire knowledge, synthesize information, and achieve comprehension. Children will also need to develop the affective strengths--attitudes, beliefs, and values which contribute to a person's outlook on life, decision-making abilities, communication skills and personal effectiveness. The affective and cognitive areas must receive equal attention.

A need to develop the "whole child" prompted the 1973 Oregon Legislature to authorize establishment of a Child Development Specialist Program in the public schools. The program is based on these assumptions:

- Every child is unique.
- Every child has unmet needs, and when these needs are met the growth of the child begins to accelerate.
- Every child has strengths and weaknesses, and when the strengths are recognized and promoted the growth of the child is encouraged.

The key to the program is the child development specialist. Working as a member of the district staff, and usually assigned to one school, the specialist:

- designs and/or coordinates programs and strategies to assist children to reach optimum growth and development.
- identifies and utilizes the strengths of children, with the assistance of the home, community and school.
- works with parents, teachers and others in identifying and meeting needs of children.
- coordinates staff development and parent involvement programs.
- develops an awareness of available community resources.
- refers children to appropriate agencies if indicated and follows up referrals.
- assists children in developing positive attitudes toward themselves and others.

Recognition of individual differences, definition of the unique strengths of each child, the preservation of these strengths through various strategies, and, finally, the promotion of the child's strengths by others will assure the child the development he or she deserves.

USING THIS GUIDE

The first Oregon Child Development Specialist Programs were established in 1974. Pilot projects have been operating at the Kingston and Kenwood Elementary Schools in Bend, Sunset Elementary in Hermiston, Sunnyhill Elementary in North Bend, Whitman Elementary in Portland, Fir Grove Elementary and Rose Elementary in Roseburg, and Englewood Elementary in Salem.

The experiences of these pilot projects are presented in this publication to guide other school districts that wish to establish their own CDS programs.

This guide is in two sections: planning the CDS program, and implementing the program. The planning section considers the basic issues of identifying the population to be served, developing statements of philosophy and objectives, staffing the program, involving other agencies and organizations, and establishing a budget for the program.

The implementing section discusses orienting and training staff, assessing student strengths and needs, selecting and implementing classroom activities, and involving parents and the community.

Each topic is illustrated by experiences of the pilot projects. In many cases the pilot districts approached each issue in different ways. Adopting districts can study the various approaches and select the alternatives that appear to meet their needs--or elect other alternatives. The sum of the alternatives selected becomes the framework of the adopting district's CDS program.

In addition to using the guide in planning, adopting districts are encouraged to consult the child development specialist at the Oregon Department of Education. Adopting districts may also confer with the CDS specialists of the pilot districts and, if possible, visit the pilot districts and observe the programs in action. Individual pilot project handbooks are also available from each pilot site.

SECTION I:
PLANNING THE CDS PROGRAM

Identifying the Population to be Served

Legislation creating the Child Development Specialist Program states that the specialist will serve elementary school children, with priority given those at the primary level--including kindergarten.

The specialist will provide a prevention program for all children as well as help school staffs identify pupils with learning or developmental needs. In addition, he or she will help parents understand their children's unique aptitudes and needs. The specialist will work with local government and other community agencies and organizations whose services to children supplement those of the school and home.

The pilot districts, therefore, identified two populations to be served by the CDS program: the children as a primary population, and teachers, parents and community as a secondary population.

Four of the original six pilot districts did not have kindergartens, so they served children in grades 1-3. Of the two districts that did have kindergartens, one--Portland--planned its CDS program for grades K-3, and the other--North Bend--for grades K-4. During the third year of operation, Salem also included grade four in its project.

One criterion for determining the grades to be included in the program is the number of teachers and pupils to be served by the CDS. The number of teachers in the pilot projects involved in the program ranged from 9 to 13; pupils from 200 to 285. Even though North Bend, for example, included the fourth grade in its CDS program, the total of those involved was no more than 12 teachers and 276 pupils.

As noted earlier, the Bend and Roseburg projects conducted their CDS programs in two elementary schools while the other pilot projects established their program in only one. Although the pilot programs were successful where the CDS was assigned to two schools, greater success was evident when the CDS was a staff member in only one school.

A number of criteria may be used to determine the elementary school appropriate for a CDS program. Salem, for example, chose its Englewood School for three reasons: Englewood represented a cross-section of ethnic groups and socioeconomic levels; it was medium-sized, and its staff understood support programs and how to relate to support staff. Hermiston, on the other hand, chose Sunset primarily for the fact that many of its children represented a low socioeconomic population and the staff was supportive of the CDS concept and willing to cooperate in the implementation of the pilot program.

SETTING PROGRAM GOALS

Planning begins with the setting of goals. Goals define the desired outcomes of the program. Once goals are set, plans can be made to achieve the desired outcomes.

The rationale and purpose of the Child Development Specialist Program and the goals and philosophies of the district provide the basis on which the goals of the CDS program are set. Every school staff member should be involved in setting CDS program goals. A CDS program may have a general goal that encompasses all the desired outcomes in one statement. This would be followed by a series of more specific goal statements. Portland established a primary goal for its program:

> To maximize, in a preventive mode, the chance for young children in grades K-3 to develop a positive attitude toward themselves and toward others in relation to the four life career goals.

The primary goal was to have been achieved through reaching six supporting goals relating to the primary and secondary populations identified with the program:

1. To assist pupils to function successfully in the variety of systems--family, peer group, classroom and school, neighborhood and community--in which they find themselves.

2. To assist professional staff in providing instruction designed to enhance positive attitudes toward self and others.

3. To assist the professional staff in early identification of pupils with learning and developmental delays.

4. To assist parents of pupils enrolled in the school to understand their children's unique aptitudes and needs and to aid in relating home, school and neighborhood resources to the solving of these needs.

5. To refer pupils enrolled in the school as needed to appropriate state and local agencies for services, to conduct follow-up activities to assure that prescribed services have been rendered, and to provide feedback to all involved parties.

6. To coordinate resources available through the community and the school.

Roseburg set three primary goals:

1. To better facilitate the development of "Fully Functioning Children" through coordination of all methodology and curricular aspects of the educational process.

2. To identify and encourage positive environmental conditions that strengthen the developmental growth and learning processes of children.

3. To provide intervention procedures through specifically designed classroom activities for children who are developing self-defeating and/or socially inappropriate behaviors.

Another approach, as suggested by the North Bend CDS program, would be to develop sets of objectives for each program area or component: student, teacher, parent, management, and development.

A summary of individual and group objectives of each of the six CDS pilot projects appears in Appendix-A.

STAFFING THE PROGRAM

The child development specialist is the principal staff member of the CDS program. The CDS has the specific skills required to meet the developmental needs of children served by the program, and devotes full time to the task.

The district superintendent and building principal(s) provide administrative support. It is important that a secretary-aide, working at least half time, be available to the program.

Teachers work in conjunction with the CDS to plan classroom curriculum designed to meet the needs of the children in their rooms. The school nurse may also be considered a member of the CDS staff. College students enrolled in practicum courses can make substantial contributions to the program. Aides and parent volunteers can help with classroom activities, with physical tests and other tasks. The staff can also receive additional support from the CDS Advisory Committee and from consultants.

The child development specialist should have these qualifications:

1. Adequate academic training in child growth and development, human interaction, personal and family counseling, and learning theory.

2. Experience with the policies and procedures of a school setting, and in coordinating the child development activities of the schools with the human resource services of the community.

3. Experience in organizing and implementing teacher in-service programs, and in working with parent groups.

4. Specialized skills in group process techniques, in observation of behavior, and in the interpretation of assessment instruments and case records.

5. Personal qualifications that include tact, sensitivity to human needs, emotional stability, rapport with children, and ability to work with adults.

The functions and responsibilities of a child development specialist may differ from project to project, based upon local objectives and the activities designed to accomplish them. As stated, however, each project shall provide services to children, teachers, parents, and the community. These group services could include:

Children

- Assess needs and strong traits, and assist in developing strategies for positive growth. This would include the areas of health, academics, social development, and emotional growth.
- Provide periodic reassessment of specific areas to assist in the developmental process.
- Provide individual and group sessions to assist in peer relations, academic progress, behavioral change, problem-solving, decision-making, responsibility, self-understanding, and other areas related to the cognitive and affective domains.
- Coordinate the delivery of school and community resources to assist in the preventive and growth process.
- Be accessible for interaction with students without prior referral.

Teachers

- Conduct/coordinate in-services workshops on the major concepts of the preventive approach, as well as on individual approaches being used in the project.
- Provide consultation services on areas such as resources, program planning, classroom management, developmental processes, individualized instruction.
- Provide classroom demonstrations of a variety of preventive approaches and techniques.

. Provide assistance through observation of individual children, professional staffing related to individual children, attending conferences with teachers and parents, as well as carrying out various assessment procedures during the year.

Parents

. Provide in-service workshops related to the developmental process, parenting skills, community resources, health, etc.

. Provide conferences regarding individual children.

. Develop processes to bring about parental involvement in the academic community.

. Design orientation procedures to disseminate information on project and on services provided.

. Provide coordination between expectations of the school and expectations of the home.

Community

. Provide orientation on intent of Child Development Specialist Program.

. Involve the community through the development of an advisory committee to assist in providing direction and change.

. Provide coordination of resources when involved with children in school.

. Provide staff conferences with community agencies on the problems of specific children.

. Develop an efficient referral system to community agencies.

The CDS project secretary-aide, in addition to those functions normally performed by a secretary in a public school, is expected to:

- Set up appointments and arrange the schedules for both the CDS specialist and the school health nurse.

- Secure information from parents and children, organize data, and type forms and reports.

- Assist at workshops and meetings and work with students, parents and teachers as directed by the CDS.

Teachers have these primary responsibilities to the CDS project:

- Contribute to a cooperative relationship among the school staff, the CDS, and parents.

- Assist with the developmental assessment of children.

- Assist in the planning of developmental activities for children.

- Use classroom activities that promote children's development at all times.

- Participate in conferences and other in-service activities.

Project volunteers--parents, college students, other professionals--can share in such activities as:

- Assessment of developmental needs.

- Parenting sessions and production of newsletters.

- Enrichment of project children.

- Duplicating and collating printed materials and other tasks.

The CDS Advisory Committee (see pages 12 and 18) can serve the project by:

- Periodically reviewing project activities and evaluation reports.

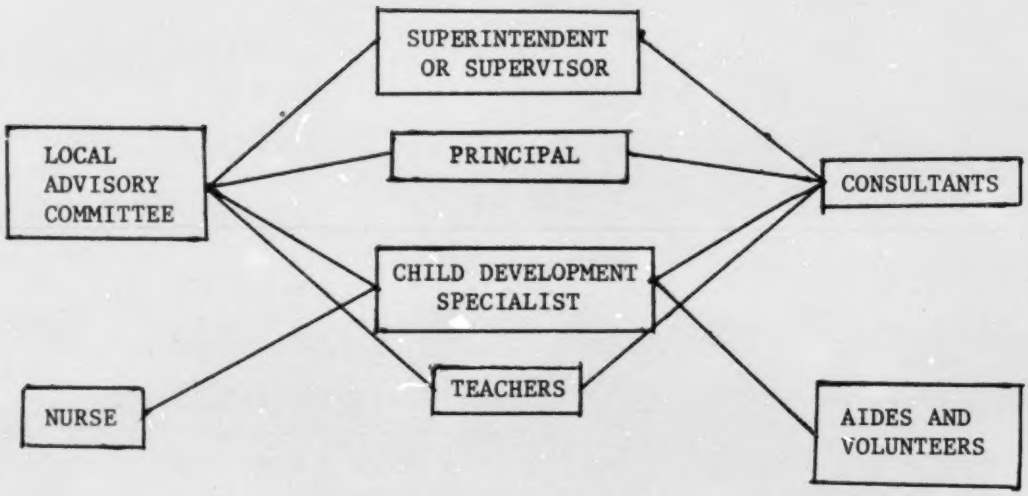
- Providing technical and consultive services.

- Providing a forum for problem resolution.

- Recommending needed changes and future development.

FIGURE 1

THE STAFFING OF A TYPICAL CDS PROGRAM



ENLISTING COMMUNITY SUPPORT

Early in the planning of the CDS program, as the population to be served is being identified and as the specialist is being hired, the district should enlist the support of community agencies and organizations.

Letters explaining the proposed CDS program can be sent to the Coordinated Child Care Agency, Council of Governments, Children's Services Division, the Juvenile Court, Public Health Department, and the local mental health clinic and welfare agencies.

Service clubs, PTA's, the League of Women Voters, and other organizations with traditional concerns for education and child development will also be interested in the CDS program.

These agencies and organizations can be asked how the CDS program could further the child-related services they are providing. They may suggest, in turn, how the community can support the CDS.

Planning sessions should include representatives of these agencies and organizations. These same representatives can be likely choices for membership on the CDS Advisory Committee.

Newspapers, newsletters, radio and television provide additional opportunities to present the CDS program to the community.

News stories announcing appointment of the CDS specialist and membership of the advisory committee establish public awareness of the program. Later on, feature stories about the staff and the children will help to explain the program.

ESTABLISHING THE BUDGET

The budget for a Child Development Specialist Program will vary from district to district, but is likely to include the following categories:

1. Salaries and wages. The specialist (extended contract recommended), a part-time secretary and the payroll costs for these and any other wages charged to the program appear in this category.

2. Travel. The specialist will require some travel within the district, and will need to travel outside the district to in-service and other professional development meetings.

3. Staff development. Costs will be incurred for teacher in-service training and consultant services to parent groups.

4. Instructional materials. The program will need to budget monies to purchase materials such as DUSO, Kindle, Human Development Program (Sharing Circle), STEP, and other kits, games and instructional materials, and books for teachers and parents. The budget should also include rental charges for films and filmstrips.

5. Supplies and services. Postage, duplicating, telephone, miscellaneous equipment, and expendable instructional and office supplies can be included in this category.

6. Evaluation. Costs of a contracted evaluation would be budgeted here.

7. Fixed charges. The district may wish to allocate other fixed charges to the CDS program.

8. Physical space. Provision of adequate space for the program to function must also be considered.

An example of a CDS budget with dollar amounts appears in Appendix B.

SECTION II:
IMPLEMENTING THE CDS PROGRAM

Orienting and Training Staff

The first task of the child development specialist will be to orient staff to the CDS program and assist them in developing and maintaining skills to achieve the desired outcomes of the program.

It is recommended that the CDS plan monthly--or more frequent--meetings of staff: teachers, school nurse, and project secretary. Aides and volunteers should also be considered members of the "team" and attend staff meetings when their participation is appropriate. Roseburg, for example, planned regular breakfast meetings of staff and the administration. Speakers were invited to lead discussions on specific topics.

The first few meetings can be devoted to helping staff get acquainted, to reviewing the goals of the program, and to identifying and clarifying the roles of all concerned.

Early in the school year the CDS will begin to identify the professional development needs of all teachers. An assessment of these needs will indicate the subjects for future in-service training sessions.

In-service training can be conducted by the CDS, by consultants visiting the program, by participation in conferences elsewhere, and through credit and noncredit graduate courses. The CDS pilot districts included these topics in their teacher in-service programs:

- Communication skills
- Small group process techniques
- Teacher-child and parent-child relationships
- Teacher effectiveness and parent effectiveness training
- Teacher-parent conferences
- Value clarification; relating teacher value systems to those of the children in the program
- Child behavior and modifying classroom environment
- Home visit techniques
- Assessment and testing techniques
- Using instructional kits (DUSO, TAD, STEP, etc.) and other instructional materials
- Management skills and record keeping

ASSESSING STUDENT NEEDS

The CDS program staff begins its work by assessing the developmental needs of every child. Early assessment assures prevention of problems before they occur; an assessment of every child helps to assure that all needs are met.

Assessment identifies strengths and delays in two areas of development: physical and socio-emotional. The CDS staff uses assessment data to recommend corrective measures for speech and hearing, visual and other physical disabilities, and for developmental delays and learning difficulties. Assessment data guides staff in planning classroom and other learning activities to meet developmental needs and support identified strengths.

Assessment can be made of preschool children in the spring of the year before they enter a CDS classroom in the fall. Hermiston, for example, held two preschool assessment clinics: one in the spring for students already living in the attendance area, and the second before school started for those who had arrived during the summer.

Periodic assessments can be made throughout the school year. Bend used an assessment checklist as a pretest in the early weeks of school, and the same checklist as post-test toward the end of the school year. Roseburg conducted three assessments during the school year. At North Bend a multiphasic, physical test of each project child was conducted in the fall and assessments of self-concept were completed in the fall and again in the winter and spring. Portland, on the other hand, conducted assessments every six weeks during the school year.

The multiphasic, or physical, tests gather data on motor skills, visual, and speech and hearing skills, and include medical history and results of physical examinations. Such assessments can be coordinated through county agencies which provide such services.

A number of instruments are available for assessing socio-emotional behavior. Bend used its own assessment checklist. Roseburg used the Pupil Assessment Checklist Tool (PACT) and the Preschool Readiness Inventory (PSRI). Portland chose the Bessell Human Development Teacher Rating Scale and a number of other instruments including the Whitman Teacher Judgment Scale, the Slosson Test, and the Hill-Walker Checklist. The Bessell, for example, assessed student skills in self-awareness, sensitivity to others, self-confidence, effectiveness, interpersonal comprehension and tolerance.

With the assessment data at hand, the CDS program staff can take steps to meet physical needs with some classroom activities and with recommendation to physicians, dentists, other practitioners and agencies outside the school. The other developmental needs are met by in-school learning supplemented by learning activities at home and in the community. To assist in this process the CDS develops an "Action Plan" (see Appendix C) which provides a planned process and follow-up on meeting specific needs of children.

SELECTING AND IMPLEMENTING CLASSROOM ACTIVITIES

The established curriculum of the school provides instruction related to the cognitive domain of learning. The CDS program is concerned primarily with the affective domain--the area of social and emotional growth. The domains, however, are interdependent and neither can exist without the other. Supplied with the assessed needs of the children, the CDS takes the leadership in conducting affective instruction. Teachers assist in the initial presentations and then take full responsibility for the instruction.

Individual needs often are met on a one-to-one basis by counseling, but greater success is likely through the use of small group processes. As an example, the assessment indicates that three or four children in a classroom have difficulty developing and maintaining friendships. The CDS shows a film on friendship to the entire class. The class is then divided into three discussion groups with the teacher, an aide, and the CDS serving as leaders. The film is discussed by referring to questions prepared by the CDS.

Bend used the small group technique to help both the active child showing behavioral problems in the classroom and the passive child showing insufficient drive to become involved in class activities. Groups of four to six children participated in games, role play, puppetry, and discussions designed to facilitate self-awareness and purposeful behavior in school as well as at home. Children identified personal goals and were helped to find more acceptable ways of achieving them. The experience gave the active youngsters the experience of satisfactory participation, the passive children a rewarding experience in class participation. It also helped improve the communication skills of all.

At Bend, the CDS and the teachers conducted human growth and development activities on alternate weeks. When the CDS was working with a small group, the teacher was occupied with the rest of the class.

At least two of the pilot projects used the Developing Understanding of Self and Others (DUSO) Program. The DUSO is designed to help build positive self-concepts and feelings of adequacy. At Hermiston, the CDS introduced the DUSO in an in-service session, made the initial presentation in the classroom, and then the teachers used the materials on their own. Hermiston used the DUSO approximately an hour and a half a week; Bend used the program weekly in most classrooms.

The Portland CDS project used the "Sharing Circle" techniques of the Bessell Human Development Program. All project children participated in the "Sharing Circle" approximately 45 minutes per week. Portland also used specialized child-parent activities and individual counseling to meet identified needs.

In addition to the specific activities discussed above, many of the pilot sites developed and utilized growth activities designed upon the strengths and needs of their individual schools. Such activities are discussed in the individual project handbooks.

Instruction by the CDS specialist and the CDS program teachers can be supplemented by the services of specialists in health sciences, speech, hearing and vision, early childhood education, and in reading, mathematics and language arts. These resource persons can provide in-service training for teachers and, in some cases, work directly with the children in the classroom.

The instructional material center of the school can provide projection equipment, audiovisual materials, and other media for the CDS program. A CDS resource center can also be established. Hermiston, for example, collected materials on affective education and shelved them in a convenient location so that teachers could check them out.

PARENT AND COMMUNITY INVOLVEMENT

On a yearly basis, children spend more of their waking hours at home and in the community than at school. The school can direct their learning, but much of what they learn about themselves and their relationships with others is acquired elsewhere.

The Child Development Specialist Program becomes a cooperative venture involving the school, home and community. The school provides program direction and instructional expertise; home and community suggest program needs and priorities; they reinforce children's development in school by contributing to their development when they are away from the classroom.

The CDS Advisory Committee

Each of the CDS pilot programs formed advisory committees for program direction and for liaison with resources outside the school. Committee membership was drawn from many of the local agencies and organizations involved in the planning of the program (p. 13): Coordinated Child Care Agency, council of governments, Children's Services Division, the Juvenile Court, public health department, local mental health clinic, and welfare agencies. In addition, the school administration, teachers, and a member of two of the CDS parent groups (discussed below) were also represented.

Primary functions of the advisory committee can be to review CDS program activities and evaluation reports, and to suggest out-of-school resources to be used by the program. Advisory committee members can also be instrumental in helping secure these program resources and in generating community support.

Parent Groups

Parent involvement in the CDS program provides both an advisory and an instructional function. Advisory committee membership helps to give parents a sense of responsibility to the program. Participation in conferences and workshops helps parents understand the program and develop the skills they need to become more effective parents. Child development activities at school are reinforced at home when parents know how to encourage wholesome self-concept and human interaction in the family setting.

Parent orientation and instruction can be conducted informally as the need arises, or can be carried out in a series of planned sessions. Salem and Roseburg held a number of coffee sessions in various homes to introduce parents to the CDS program. Hermiston organized the parents into small groups and conducted informal sessions at which problems of preparing children for the experience of school were discussed. The Hermiston pilot project also organized a class for parents. It was conducted by the intermediate education district psychologist. Meeting in six regular sessions, the class concentrated primarily on parent-child communication and childrearing practices.

At Bend, a series of six training and orientation sessions were held in the fall for parents of first graders, and another six for second and third grade parents. Both groups had similar agendas: an introduction to the CDS program, guest speakers on topics related to child development, and discussions of questions and problems presented by the parents themselves.

Portland sponsored weekly "Tune In To Your Child" meetings at which teachers described aspects of the curriculum and presented topics related to parent effectiveness. Portland also trained parent volunteers to visit families of kindergarten children.

Parent meetings can be supplemented by parent-CDS and parent-teacher conferences, by CDS and teacher home visits, and by newsletters and other printed materials. Salem, for example, issued a newsletter monthly to parents and also established a parent resource library on child development. Roseburg issued its newsletter quarterly and created a parent-child lending center called the "Treasure Chest." The center contains family oriented games, toys, and books on child behavior and development. Hermiston published an "Off To A Good Start" booklet to help parents prepare their children for the first year in school.

Money-raising ventures such as carnivals and film showings, can involve parent groups and support the CDS programs.

Using parents as volunteers was considered an important aspect of the North Bend CDS program. Helping with some classroom activities, with transportation, and with the planning of special events generates parent awareness, interest, and responsibility in the educational process.

Community Involvement

The agencies and organizations of the community have an impact on the CDS program at three stages of its development: in the planning stage when the need for such a program in the schools is being explored, in the organization stage when representatives of the community help give direction to the program by serving on the advisory committee, and in the implementation phase when many of the organizations provide direct services to the children in the CDS program.

Newspapers, television and radio will accept information about CDS that is newsworthy or has human interest. Appearances by the child development specialist and other CDS staff members at service club and other organization meetings to explain the program are usually welcomed. Bulletins, fact sheets, and other printed materials explaining the program can be distributed.

Such community resources as doctors, dentists, mental health specialists, and staff members of the juvenile courts are not only available to assist children when problems occur but will often be available for instruction. Bend, for example, arranged with a local dentist to demonstrate dental care to a group of second graders. A local hospital conducted a tour of its emergency facilities. The community college hosted a visit of primary age children to a science laboratory where they could view life forms through microscopes.

SECTION III:
EVALUATING THE CDS PROGRAM

OAR 23-050 indicates that each district shall have goals and measurable objectives for the Child Development Specialist Program based upon the identified needs of children. Furthermore, the local district evaluation process shall be based on the goals stated in ORS 343-125, as well as on the goals of the district's instructional programs. A written evaluation report, based upon both outcomes and activities, shall be provided to the Department of Education at the time of request for reimbursement of funds expended in the Child Development Specialist Program.

The following guidelines are provided to assure that the program will be implemented in a systematic and effective manner. The evaluation process is used to provide information for decision-making at both the district and state levels. Essentially three steps are involved in the ongoing evaluation process.

First, an evaluation plan should be established at the outset of the program's operation. The plan should describe both the key program processes (activities), as well as the major expected outcomes in relation to students or other target populations. The evaluation plan, as a guide to the annual evaluation procedure, should address at least five program components: (a) student, (b) school personnel, (c) parent, (d) community, and (e) management. The format utilized by the Northwest Regional Educational Laboratory in evaluating the pilot program suggests that the plan contain objectives, criterion statements, evaluation procedures and evaluative questions for each major process or outcome specified in the plan. Please refer to the evaluation procedures described in the individual project handbooks.

The second step of the evaluation process involves the monitoring of the program processes by the child development specialist and district representatives. The periodic review of progress enables the local district to make interim revisions for program improvement.

The final step of the evaluation centers upon the reporting of program outcomes both in terms of the activities accomplished and the effects these processes had upon the local participants. The final report is used to identify particularly successful program strategies, determine program compliance with the state guidelines, and act as a documentable link in the state's accountability system.

The specific arrangements for the conduct of the evaluation may include the use of local and internal staff, an established third-party evaluation service, or local staff in combination with established technical assistance agencies on a contractual basis.

Although the evaluation procedures are mandated by the state, the primary purpose of the evaluation is to serve local information needs. Evaluation reports can provide meaningful evidence to local boards, administrators, parent groups, community representatives, and program staff in an ongoing effort to identify, design, and implement successful educational practices.

APPENDIXES

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OPERATIONAL CHART

CHILD DEVELOPMENT SPECIALIST PILOT PROGRAM (Fiscal year 1976)

Purpose:
TO DEVELOP COMMUNITY-BASED, ECONOMICALLY FEASIBLE, TRANSPORTABLE, EFFECTIVE MODEL OF A CHILD DEVELOPMENT SPECIALIST PROGRAM WHICH IS AIMED AT PREVENTION, EARLY IDENTIFICATION AND ALLEVIATION OF DEVELOPMENT AND LEARNING PROBLEMS IN CHILDREN.

	Target Population	Staff	CDS Qualifications	Community Involvement	Training Proposed	Advisory Council
EAGLE POINT	Primary White City Elementary School students 1/ Grades K-4 total - 366 2/ Selected children Secondary Parents Teachers (13) Community	Loretta Livaudais (CDS) Secretary (.6 FTE)	Elementary teacher	Referral & consulting services with 1/ Children's Services Division 2/ Mental health clinic 3/ IED 4/ County health dept. 5/ Presenting CDS concept to interested local groups	1/ Parenting groups 2/ In-service training for teachers 3/ Human development training program 4/ Develop awareness of community resources 5/ In-service on referral process 6/ Assisting teachers in observation skills	Formed December '75 11 members Meets bimonthly
26	Primary Sunset Elem. School students 1/ Grades 1-3 Total - 286 2/ Selected children Secondary Parents Teachers (11) Community	Evelyn Huston (CDS) Nurse - .5 FTE Secretary - FTE	Primary teacher Masters degree, early childhood	1/ Children Services Div. 2/ County health department 3/ Mental health clinic 4/ Local physicians and dentists 5/ Hermiston IED 6/ Day care 7/ Head start 8/ Welfare 9/ Local service organizations	Contact with community resource people. Resource materials for teachers. In-service training for teachers: 1/ Project staff mtgs 2/ Awareness of affective materials 3/ Staff enrichment in affective and cognitive areas 4/ Principles for dealing with children in workshop 5/ Communication skills workshop Parent training plan: 1/ Parent meetings - educational & enrichment experiences for children	Meets periodically Reviews evaluation reports. Interprets program to parents and general public. Training (cont'd) 2/ Parent-aide orientation 3/ Parenting skills class 4/ Films: Learning disabilities Visual perception Gross motor skills Fine motor skills 5/ Parent resource materials
HERMISTON						

Appendix A

Oregon Department of Education
942 Lancaster Drive Northeast
Salem, OR 97310

9/76

	Target Population	Staff	CDS Qualifications	Community Involvement	Training Proposed	Advisory Council
McMINNVILLE 27	Primary Newby Elementary School students 1/ Grades K-3 total - 255 2/ Selected children Secondary Parents Teachers (8) Community	Cathie Mendonsa (CDS) Secretary-aide - .5 FTE	Masters degree, early childhood	Cooperative activities involving: 1/ County health department 2/ Linfield College 3/ School district specialists 4/ Social service organizations/agencies	Staff development activities: 1/ In-service programs 2/ Conferences 3/ Orientation to project resource materials 4/ Informational newsletter Parent education activities: 1/ Special programs 2/ Conferences 3/ Project involvement opportunities 4/ Orientation to project resource materials 5/ Informational newsletter	Periodically reviews project. 10 members (includes parent, teacher and community representatives.)
NORTH BEND	Primary Sunnyhill Elementary School students 1/ Grades K-4 total - 276 2/ Selected children Secondary Parents Teachers (11) Community	Dennis Milholm (CDS) Secretary - .75 FTE Nurse - .25 FTE	Child Development Specialist Educational consultant	1/ Juvenile Dept. - Coquille 2/ Law enforcement - " 3/ Mental health clinic - North Bend 4/ Health department - Coquille 5/ Pacific Child Care - Coos Bay 6/ Education Evaluation Center for Learning Disabilities	1/ Orientation 2/ Teacher-parent conference effectiveness 3/ Human development program training 4/ Learning disabilities 5/ Teacher-student communication skills 6/ Effective approaches to humanistic education	Meets periodically, 7 or more agencies

Target Population	Staff	CDS Qualifications	Community Involvement	Training Proposed	Advisory Council
PORTLAND - AREA II Primary Whitman Elementary School students 1/ Grades 1-3 total - 256 2/ Selected children Secondary Parents Teachers (9) Community	Carolyn Sheldon (CDS) Assistant - .5 FTE	Certified school psychologist	1/ Portland State U Depts. of Ed., Social Work & Counseling 2/ U of O Child Psychiatric Dept. 3/ Morrison Center for Youth & Family Services	1/ Parent training sessions 2/ Establish a toy-game library - parents & CDS 3/ In-service training for teachers in humanistic approaches 4/ Bessel Human Development Program 5/ Other affective programs such as TAD & DUSO	Meets quarterly. Reviews data. Provides dissemination services.
PORTLAND - AREA III Primary Abernethy Elementary School students 1/ Grades K-4 total - 241 2/ Selected children Secondary Parents Teachers (10) Community	Mike Forzley (CDS) Assistant - .5 FTE	Masters degree in education. Elementary counselor. Teacher. Juvenile court (group worker - intake counselor. Communication skills trainer.	1/ Morrison Center for Youth & Family Services 2/ PACT (Portland Action Committees Together) 3/ PCC Educational Technology 4/ YMCA Latch Key Programs 5/ U of O Health Sciences Center 6/ Consultation and cooperation with various service agencies	1/ Regular teacher team meetings 2/ Referral services 3/ Human development program training 4/ Establish resource center for: a/ teachers b/ parents c/ children 5/ Interpersonal communication workshop for teachers 6/ Weekly parent meetings, including guest speakers 7/ Parent effectiveness training 8/ Parents as teachers (small groups)	Meets periodically. Reviews data. Represents cross section of community (educators, social service, business, parents).

	Target Population	Staff	CDS Qualifications	Community Involvement	Training Proposed	Advisory Council
ROSEBURG	Primary Fir Grove Elem. & Rose Elementary School students 1/ Grades 1-3 total - 280 2/ Selected children Secondary Parents Teachers (11) Community	Louise Helleck (CDS) Secretary-asst. - .75 FTE	Masters degree, school counseling	1/ CDS slide presentations to community organizations 2/ Family service clinic 3/ Ministerial Assn. 4/ Health department 5/ Children Services Division 6/ Umpqua Lions Club 7/ IED	1/ Home visits, coffees, meetings 2/ In-service training 3/ Monthly staff mtgs. 4/ Observation: 2/mo. 5/ Parenting skills - a/ singles class b/ parent-child communication class 6/ Resource library 7/ Resource people 8/ 9 community agencies 9/ Periodic dist. adm.-proj. staff breakfast 10/ Parent mini-classes 11/ Parent-child lending ctr.-"Treasure Chest"	Meets periodically. Representatives from 9 agencies involved.
SALEM	Primary Englewood Elementary School students 1/ Grades 1-3 total - 200 2/ Selected children Secondary Parents Teachers (9) Community	Maureen Cook (CDS) Secretary - .75 FTE	Elementary teacher M.S. in education (counseling)	Primary Prevention Program (fed. funds 3 way: city, 24J, Mental Health), Chemeketa Community Coll., Willamette University, Oregon College of Education (child development)	1/ Orientation, coffees, home visits 2/ Resource people 3/ Daily classroom observation 4/ In-service training 5/ Learning center 6/ Teacher resource library 7/ Play therapy training 8/ Parent training groups 9/ Parent resource library 10/ Weekly team - CDS meeting	Meets monthly. Reviews data. 10 agencies represented.
PROGRAM	Management - 8 pilot projects	Claude D. Morgan, CDS Secretary - .75 FTE				

CHILD DEVELOPMENT SPECIALIST PILOT PROJECTS (FY-75)

Group and Individual Student Objectives and Activities

EAGLE POINT

Group Objective	Assessment Instruments	Group Activities	Individual Objectives	Assessment Instruments	Individualized Preventive Processes
By the end of the project year, project children (K-4) will demonstrate improved positive attitudes toward themselves, others and school.	1/ "CHILD" Kit 2/ Piers-Harris Self Concept Test 3/ Inferred Self-Concept Test 4/ Vision screening (near, colorblindness, depth perception 5/ Teacher attitude test 6/ Teacher self-concept test	CDS & teachers will implement classroom activities from the Human Development Progrs DUSO, and related materials. Motor skills and eye-hand activities will be implemented in K, 1st & 2nd grades.	Specific children referred by teachers or parents will receive individual assessment and prescriptive plans to meet their needs or strengths.	Same project measurement instruments as used for group assessment.	CDS, teachers, volunteers and community agencies will implement individual activities and prescribed plans for all children having special needs.
Participating children in the target school (grades 1-3) will demonstrate improved interpersonal communications.	1/ DUSO Affectivity Device 2/ "CHILD" - Early identification screening inventory. Fine visual motor screening inventory Motor perceptual diagnostic inventory. Perceptual organization screening inventory. 3/ Health records	Project teachers will employ the DUSO I program a minimum of 4 hrs. per instructional month for all children in the project. Pre-school clinics for incoming first year students. Small group experiences for referred children.	Children identified as having specific needs will attain the objectives established for them.	1/ Review of children's records by project staff (and nurse, when appropriate.) 2/ Teacher Judgment plus same screening instruments as for group assessment.	Action plans will be developed and implemented by project staff for children having special needs. CDS will coordinate all programs for children having special needs.

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HERMISTON

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CHILD DEVELOPMENT SPECIALIST PILOT PROJECTS (FY-76)
Group and Individual Student Objectives and Activities

	Group Objective	Assessment Instruments	Group Activities	Individual Objectives	Assessment Instruments	Individualized Preventive Processes
McMINNVILLE	Project children will: 1/ demonstrate gains with respect to the positiveness of school attitude and concept, and, 2/ attain individually prescribed goals.	1/ Instructional Objectives Exchange School Sentiment Index 2/ Inferred Self-Concept Scale 3/ "CHILD" Kit - Early Identification Screening Program 4/ Health records	1/ Teachers conduct weekly affective development experiences in their classrooms utilizing such programs as DUSO I, Bessel Human Development and T.A. for Tots. 2/ The CDS provides weekly enrichment activities for selected project children aimed at helping them reach individually prescribed goals.	Each project child will attain his/her individually prescribed objective.	1/ Instructional Objectives Exchange School Sentiment Index 2/ Inferred Self-Concept Scale 3/ CDS/teacher develop individual behavior rating scales for selected children	1/ An objective and plan of action is prescribed for each child based upon an identified strength or need. 2/ Teachers involve all project children in weekly affective development experiences. 3/ CDS provides weekly enrichment activities for selected project children to encourage positive growth and development. 4/ CDS provides education activities for all parents for the purpose of enhancing parenting skills. 5/ CDS conferences with selected parents for the purpose of enhancing parenting skills.
NORTH BEND	Project students will: 1/ Demonstrate an improved self concept on all school measurements 2/ Reach individual goals based on multi-assessment findings	1/ Health records 2/ IOX Self-Appraisal Inventory 3/ Physical examination 4/ Socio-gram 5/ Teacher input 6/ Parent input 7/ "CHILD" kit - perceptual motor diagnostic inventory	CDS will provide classroom activities on a weekly basis and teachers will implement a variety of activities focused on the affective domain.	Children will improve in areas of identified needs.	Individual prescription programs based upon: 1/ Health records 2/ IOX Self-Appraisal Inventory 3/ Physical exam. 4/ Socio-gram 5/ Teacher input 6/ Parent input 7/ "CHILD" kit - perceptual motor diagnostic inventory	CDS & volunteers will implement activities designed by CDS to enhance positive growth & development. In addition, teachers will conduct affective activities within the class setting on a daily basis.

CHILD DEVELOPMENT SPECIALIST PILOT PROJECTS (FY-75)

Group and Individual Student Objectives and Activities

Group Objective	Assessment Instruments	Group Activities	Individual Objectives	Assessment Instruments	Individualized Preventive Processes
PORTLAND, AREA II					
By end of project year, project children (grades K-3) will demonstrate positive attitudes toward school, self and peers.	Instructional Objectives Exchange (IOX) 1/ attitude toward school 2/ self-concept	Project staff provides training for parents and operation of a toy lending library. Project teachers will employ selected affective curriculum & activities, including Bessel Human Development Program on a minimum of 50% of the instructional days. CDS, in conjunction with project teachers will develop & implement an annual student enrichment activity plan for all project children. Enrichment activities may focus upon cognitive, affective & developmental areas.	Selected children will demonstrated achievements commensurate with their levels of maturation.* - - - - - - - - - - - *Selected children are those identified by project teachers and CDS as having possible lag in development.	1/ School records 2/ CDS & prep team judgment 3/ "CHILD" - Phase I Phase II Phase III	Individual objectives and action plans will be developed and implemented for selected students. Individual action plans may entail increased contact with parents & use of community resources.
			End of PORTLAND, AREA II		
PORTLAND, AREA III			**PORTLAND, AREA III**	**PORTLAND, AREA III**	**PORTLAND, AREA III**
Project children will demonstrate an overall improved performance on the six skill areas of the Human Development Program 1/ Awareness of self 2/ Sensitivity to others 3/ Self-confidence 4/ Effectiveness 5/ Interpersonal comprehension 6/ Tolerance	The Human Development Profile will be completed for each child (K-4) on a pre-post basis.	Project teachers and CDS will employ the Human Development Program on at least 60% of the instructional days. Multiphasic screening of pre-kindergarten children. CDS will provide small group experiences for referred children.	Selected children will attain individual objectives as set by the child, teacher, CDS & parent. Based on an assessment for identifying the developmental needs of all project children (K-4), students will be selected for individualized activities. Children receiving or in need of out-of-school services will be identified (consultation & coordination). Individual pre-kindergarten consultation with parent and child. Individual counseling as well as individual family consultation.	Same project measurement instrument as used for group assessment. Review individual action plans and records. Parent judgment. Education Support Personnel (ESP). Denver Developmental Screening Test.	Individual action plans developed for selected students. Plans can include any or all of the following: 1/ Motor-perceptual activities 2/ Individual counseling 3/ Small group activities 4/ Parent involvement 5/ Individual tutoring 6/ Involvement in school Big Brother-Big Sister program 7/ Referral to ESP team and/or outside agency Teachers will conduct affective activities within the classroom setting.

CHILD DEVELOPMENT SPECIALIST PILOT PROJECTS (FY-76)

Group and Individual Student Objectives and Activities

	Group Objective	Assessment Instruments	Group Activities	Individual Objectives	Assessment Instruments	Individualized Preventive Processes
ROSEBURG	Project children will exhibit better adjustment to school than non-participants, based on following specified indicators: 1/ Group relationships 2/ Task performance 3/ Attitude toward self.	Locally developed Pupil Rating Scale based on 14 assessment indicators: 1/ Task completion 2/ On-task 3/ Understand situational behavior 4/ Reaction to authority 5/ Approach to new experiences 6/ Reaction to stress 7/ Truthfulness 8/ Day-dreaming 9/ Friendship 10/ Sharing 11/ Use of others' property 12/ Self-assurance 13/ Perceptionistic-negligent 14/ Aggressive-passive	Project personnel will provide affective classroom lessons to project children. Will come from teachers' requests & in areas screening low on the Pupil Assessment Checklist Tool - PACT - plus our own personal judgment of needs.	Selected children will show diminution of potentially self-destructive behavior.	Locally developed Pupil Rating Scale (Same as for group objectives).	Individual programs prescribed by CDS for children whose profiles from the assessment rating scale (PACT) indicate the need of special attention. Individual programs may entail increased contact with parents and use of community resources. Individual prescription programs will be written for those children scoring 1st, 2nd & 3rd percentiles on the summer Pre-school Readiness Inventory. (Development Assessment Battery).
SALEM	Project children will demonstrate increased positive attitude toward themselves as indicated on pre/post performance on instruments.	1/ AIR 2/ "CHILD"	CDS and project teachers work to identify and remediate educational practices which do not efficiently meet the developmental needs of children. CDS & teachers provide affective lessons in classrooms, small group experiences for referred children.	Children who are selected as having special needs will demonstrate growths in areas of identified needs.	1/ WDIS 2/ "CHILD" assessment 3/ Speech & hearing exam. 4/ Motor skills survey 5/ 1st grade readiness instrument 6/ BEERY 7/ WISC 8/ Physical exam. 9/ Peabody (receptive language) 10/ Metropolitan Readiness	Individual action plans will be developed and implemented by CDS and staff for each child having special needs. Individual plans may entail increased contacts with parents and use of community resources.

CHILD DEVELOPMENT SPECIALIST PILOT PROJECTS
Objectives Common to All Projects

CHILD		PROJECT STAFF		PARENTS		MANAGEMENT
Product	Process	Product	Process	Product	Process	
1. Project children will demonstrate increased positive attitudes toward themselves and others.	Using various established programs and classroom techniques, a significant improvement in positive attitudes will result.	Project personnel demonstrate ability to enact specified methods and lessons in the affective domain.	CDS provides in-service training to teachers in use of affective materials and techniques.	Parents will become more perceptive of their child's individual needs.	Project staff will provide training and consultation to parents in area of child development.	Project staff is responsible for formation of an advisory committee and for convening the committee on a periodic basis.
2. Selected children will demonstrate growth in areas of identified needs.	Individualized programs will be prescribed for selected (referred) children.	Project staff will be able to identify and refer children needing special attention.	CDS assists teachers in developing individualized plan of action for referred children.	Parents will demonstrate increased utilization of community resource agencies.	CDS will provide referral services/utilization of community resource agencies for parents of project children.	CDS is responsible for establishing the overall schedule of project events.
Selected children will be identified through one or more of the following assessment instruments: Instrument — Site A.I.R. — Salem One test consisting of 14 Adjustment Level Indicators — Roseburg Pupil Rating Scale — Roseburg Bessel Human Development Rating Scale — Portland, Areas II & III Health records — Portland, Area II; Hermiston; North Bend; McMinnville CHILD kit — Eagle Point; North Bend; Hermiston; McMinnville; Salem; Portland, Area II IOX Self-Appraisal — Portland, Area II; N. Bend; McMinnville Piers-Harris Self-Concept — Eagle Point		A resource library or file will be provided project teachers.	The CDS will select and assemble resource materials.			Project staff is responsible for providing facilities and support services.
		Consultations with teachers will be held on an as-needed basis. Instrument — Site Inferred Self-Concept Test — Eagle Point, McMinnville DUSO Affectivity Device — Hermiston, McMinnville	CDS will provide feedback via conferences.			Project staff is responsible for development of a project description and a project model.
						CDS will engage in publicity activities to inform public about the program.
						Project staff is responsible for developing a project handbook by July 30, 1976.

APPENDIX B

CHILD DEVELOPMENT SPECIALIST PROJECT BUDGET
PROJECTED 1976-77

SALARIES			
Child Development Specialist 1 FTE (M. Ed.) Step 9 210 days	Obj. 130	$14,713.00	
(8 percent) Extra Responsibility	Obj. 186	769.00	
Secretary .3 FTE	Obj. 150	3,112.00	$18,594.00
FIXED CHARGES			
(18 Percent of salaries)	Obj. 199	3,347.00	3,347.00
CONTRACTED SERVICES			
Consultant Services	Obj. 230	525.00	
Parent Involvement Activities	Obj. 290	600.00	
Community Information and Resource Center	Obj. 290	550.00	
Staff Development Activities	Obj. 290	900.00	
Telephone	Obj. 262	150.00	
CDS Training and Workshops	Obj. 210	200.00	2,925.00
SUPPLIES			
Test Forms and Curriculum Enrichment Materials	Obj. 390	787.00	
Office Supplies and Materials	Obj. 310	150.00	937.00
TRAVEL EXPENSES			
Trips to Salem, In-service Workshops, Trips to Other CDS Sites	Obj. 210	197.00	197.00
		Subtotal Projected Budget	$26,000,00

Subtotal State Funds (75 percent)	$19,500.00	Subtotal Local Funds (25%)	$ 6,500.00
Evaluation	2,555.00	Evaluation	-0-
Final Total State Funds	$22,055.00	Final Total Local Funds	$ 6,500.00

ACTION PLAN

Child_____ Grade Level_____

Teacher_____ Date Prepared_____

Area of Concern:_____

_____

Objective:_____

_____

_____

1 2 3 4 5 6 7 8 9 10

Action Plan:

_____ Participation in regular project activities.
_____ Participation in project enrichment activities.
_____ Referral to school specialist for follow-up activities.*
_____ Referral to Community Agency for follow-up activities.*
_____ Other*

*Description:_____

_____

_____

_____

Person(s) Responsible: _____

_____

CDS Monitoring Schedule:_____ _____

_____ _____

_____ _____

Comments: _____

_____

ASSESSMENT

ACTIVITIES	DATE	RESULTS
1. Health*	see Child's File	see Child's File
2. IOX School Sentiment Index	Pre: _____ Post: _____	Pre: _____ Post: _____
3. Inferred Self-Concept Scale	Pre: _____ Post: _____	Pre: _____ Post: _____
4. CHILD: Roster Rating	_____	_____ If rating is #3, see CDS records for inventory and follow-up assessment activities.

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Re: Developmental Assessment

_____ an area of concern regarding a developmental strength and/or need has not been identified at this time.

_____ an area of concern regarding a developmental strength and/or need has been identified (see Action Plan: Area of Concern).

* As outlined in assessment procedures.